

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/550594	FILING DATE
							APPLICANT(S)	
8/14/07 CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1		1			
2				1		1		
3				1		2		
4				1		2		
5				1	1	2		
6				2		2		
7				2		1		
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TOTAL DEP.		←	18	←	10	←		
TOTAL CLAIMS			20		18			
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								